HEADLINE: Health Care in Zimbabwe

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QUOTE: “Zimbabwe (CQ) lost its experienced workers, some moving from government to the private sector and the biggest catastrophe was losing our most experienced health workers going into the region and also going abroad,” says Rusike.

TAGS: Zimbabwe, Harare, health, Abuja declaration, public, hospitals, doctors, nurses, money, budget,

CONTENT TYPE: Local Coverage

WORD COUNT:

Narrative Lead

Harare, Zimbabwe – Kudzai Nyere (CQ_Sourcesheet) a resident of Harare says she prefers to go to private hospitals than the public one because of poor service in public hospitals.

“Private Doctors give you all the attention you require but in public hospitals they are more concerned of their working hours at the expense of my health,” she says.

Nyere (CQ) says some doctors who work in public hospitals also operate their private surgeries and that is where they are putting much of their effort because it generates money for them.

Nyere (CQ)recalls the time she gave birth to her son in 2014 and how she was ill-treated and neglected by nurses.

“I was left alone and the baby came out while I was on my own,” she says.

After this experience, Nyere (CQ) now prefers to pay more at a facility where she knows that her life is in safe hands.

News Value

The health sector in Zimbabwe (CQ) has been marred with a number challenges over the past years which include drug shortages, strikes by medical personnel, among others. As the 2018 elections approach political parties acknowledge the challenges in the sector have made promises on how they will address these.

Background

Itai Rusike Director of the Community Working Group on Health (CQ_Sourcesheet) says Zimbabwe(CQ) did exceptionally well after independence mainly in the primary health care approach that was adopted at independence in a way to address the inequities that had previously existed.

“Those early years after independence we invested our own money in terms of domestic health financing,” he says.

Rusike (CQ)says most of the gains of the early years have been lost along the way because of a number of factors which include Economic Structural Adjustment Programme (ESAP) and HIV scourge in the 90s.

Rusike (CQ) says new measures were put in place to try and revitalize and address the challenges in the health sector.

“Zimbabwe (CQ) is one of the first countries to look at innovative domestic health financing and in 2001 we declared HIV a national emergency and came up with an earmarked fund, the AIDS Levy which is a very good model but it cannot stand by its own,” he says.

According to a 2017 African Journal of Primary Health Care and Medicines article titled Facilitators and barriers to effective primary health care in Zimbabwe(CQ_Link)., the near collapse of the health system in 2008 in Zimbabwe was followed by renewed health services investments in 2009–2012 but there was an economic drop from 2013 onwards. The National Health Strategy for Zimbabwe 2016 –2010 (CQ_Link) adds that because of the economic drop, predictions for the next 5 years are uncertain. The strategy further notes that the government fiscal space is likely to shrink thereby increasing the need for external funding to support the health infrastructure retain health workers, medicines and commodities supply and distribution, amongst others.

In the 2018 national budget, the health sector got an allocation of $486.6 million with $297.4 million of the total budget going towards employment costs (CQ_PDF page 140).

Local Voices

Kudakwashe Chimumvuri (CQ_Sourcesheet) who lost his brother in 2017 says the health care in public hospitals is not guaranteed if you do not have money.

“My brother who was 18 was diagnosed of tuberculosis, we could not afford to pay for blood and some medication which was required,” he says

Chimumvuri (CQ) says the life of his brother could have been saved if they had money to purchase the required drugs.

“Zimbabwe (CQ) lost its experienced workers, some moving from government to the private sector and the biggest catastrophe was losing our most experienced health workers going into the region and also going abroad.

“What we have seen in the last years is that health is one sector that as a country we have not done enough to make sure that our health institutions have adequate health workers,” he says.

Rusike (CQ) says the population has now doubled compared to the 80s and disease burden has increased and the staff therefore does not match with the demand.

In the 2017 national budget (CQ_Link page 110 - 111), the government introduced health fund levy earmarked towards addressing the shortages of drugs and obsolete equipment in health institutions and the levy is funded through airtime purchases, 5 percent of airtime and 5 percent of data bundles that goes towards the health levy.

“The health levy has not addressed the drug situation in our health institutions and recently we have also seen government taking a large portion of that health levy going towards the subsidization of blood which is going to be free in public institutions,” he says.

“What it means now is most of the health facilities are now more or less relying on donor funding for their drugs. If you look at rural health facilities, if it was not for the results based financing and the health development fund it means most of these institutions will be operating without any drugs at all,” he says.

Political parties participating in the upcoming elections acknowledge that the health sector in Zimbabwe needs to be revitalized to ensure access to quality health care is realized.

Elton Steers Mangoma president of Coalition for Democrats (CODE) (CQ_Sourcesheet) says they will make treatment easily accessible for Zimbabweans.

“We want to get to a point where we have health tourism like in India (CQ) where we will have top notch medical services,” he says.

Mangoma (CQ)says he will ensure that free health care for lower than 5, over 65 and maternal health care is not rhetoric but that it is realized and there will be state intervention for people with chronic illnesses.

Rusike (CQ)says it's not phenomenal having free health care, at independence, the government came up with free health care for certain vulnerable groups but during the time the department of social welfare was well funded, so even those that were exempted to pay fees, the hospital would charge the department of social welfare.

“The current exemption does not have resources to cover the gaps that are created. Some of these statements are political and are not backed by resources, the government has to come up with innovative health financing strategies to cover these gaps,” he says.

Douglas Mwonzora, the secretary general of the Movement for Democratic Change (MDC-T) (CQ_Sourcesheet) says they will introduce compulsory medical aid for every Zimbabwean (CQ).

“We are going to introduce a specific program called Chamisa care where we are introducing health insurance at a fee,” he says.

Mwonzora (CQ) says they will revamp health institutions “…. our hospitals especially referral hospitals do not have equipment and we will address that,” he says.

Mwonzora (CQ) says they will improve the working conditions of health workers to attract back health workers that left the country and to minimize industrial actions that have characterized the health sector in the recent years.

“We are also going to be asking for fundraising from our international partners. Zimbabwe (CQ) will rejoin commonwealth which has a lot of funds set aside for health and education, so we will join to access those funds,” he says.

Next Step / Solution

“What we need as a country is to make sure that our national budget allocates adequate resources to the health sector, move towards meeting the Abuja commitment (CQ_Link) but that alone is not enough, we need to grow the economy so that the 15 percent becomes something meaningful,” says Rusike(CQ).

Rusike (CQ) adds that for Zimbabwe (CQ) to realize the universal health coverage, it needs to come up with a national health insurance scheme that makes sure that those in the informal sector can also contribute.